PRESENTATION

TO THE

COMMISSION ON THE FUTURE

OF HEALTH CARE

IN CANADA

WEDNESDAY APRIL 17

2002

BY THE

HONORABLE JAMIE MUIR

MINISTER OF HEALTH

NOVA SCOTIA

Romanow Dialogue

Thank you Mr. Romanow. I have with me, Dr. Tom Ward, the Deputy Minister of Health. As I begin, let me express regrets on behalf of our Premier, Dr. John Hamm. As you are aware, Dr. Hamm is recovering from back surgery. He has asked me to extend his regrets. I know he was looking forward to presenting to the Commission, and now he is looking forward to meeting you with on your return to the Maritimes.

We recognize the Commission on the Future of Health Care in Canada is tasked with a formidable challenge. You have been asked to make recommendations on whether our publicly funded health system that must balance investments in prevention and health maintenance with those directed to care and treatment can be sustained. Our provincial system, and for that matter all provincial and territorial systems, are stressed by escalating costs and increasing demands that threaten the future viability of the system. We in Nova Scotia, are at a crossroads, and we

appreciate the opportunity to share with you both our vision of the future and the steps we are taking towards sustainability.

Before talking about the future, I want, one more time, to express our deep concern with the Federal Government's financial contribution to health care. Simply put: we received less money this past fiscal year from CHST than we did in 1993/94. Federal participation in health care funding has to substantially increase if we in Nova Scotia are to continue to provide quality health care to our citizens that is sustainable.

Certainly, Nova Scotians have no interest in two levels of Government squabbling over the delivery of their health care. They want us to work as a team to ensure that quality health care services are available for them now and in the future. I want to assure this Commission of Nova Scotia's commitment to work collectively with the Government of Canada and our provincial and Territorial Colleagues to ensure the future of our health care system.

One of the greatest challenges governments and key health providers face is educating our citizens on the broad continuum that is health care in our province. Too many Nova Scotians define health care in the context of a hospital bed.

Yet, in 2002 and 2003 the Acute care sector will comprise approximately 40% of our total health care spending. The remaining 60% will be used to support, Long Term Care, Home Care, including some Palliative Care, Pharmacare, Mental Health, physicians' salaries, population health and our air and ground ambulance service.

And the biggest growth in our health care system in the last decade has not been in the acute care side but in those needing care outside the hospital.

The five principles of the Canada Health Act, public administration, comprehensiveness, universality, portability and accessibility- are sound. However, those principles, as they stand now, only refer to Physician and Hospital services.

Many Nova Scotians, indeed, Canadians are unaware that in the year 2002 - Home Care, Long Term Care, community based mental Health Care, Pharmacare, Population Health Programs and Air and ground Ambulance Services are NOT covered under the Canada Health Act.

It's time they were.

Thus our government believes before any fundamental change can occur in a national health care system than the Canada Health Act should be broadened to cover "Health Services" not just the "medical services" which are basically defined as hospital care and physician services.

This would truly engage the Federal Government as a full partner in the delivery of healthcare in Canada.

We believe it is time to fund our health care system based on clearly defined health needs rather than on a per capita basis. In our own Province we have committed to developing a funding methodology that will take into consideration the burden of illness in the population our District Health Authorities serve. Just as importantly, we have made a commitment to the District Health Authorities to involve them fully in the development and implementation of such a formula

Such a formula based on Health needs would be seen to be a fair and equitable way of allocating resources to help ensure quality health care is delivered province-wide and nationwide.

Our government believes the implementation of such a formula should be a key complement to or part of a rejuvenated Canada Health Act.

As I said earlier, it is essential to the delivery of healthcare in this country that the Federal Government comes back to the table as a full partner. We want that. Nova Scotians want that.

We feel a major challenge facing your Commission is defining the shape and the strength of that partnership for the years to come. We want you to know we are prepared to play our part in such a renewal of our health care system.

Ultimately Nova Scotia recognizes both that levels of government are accountable for the delivery of quality, sustainable health care.

Having said that we look forward to the future with anticipation. However, we are faced with many challenges. Apart from broader national issues, Nova Scotia has unique factors to contend with as we move ahead. Earlier we tabled a written submission with the Commission. It shows that Nova Scotia consistently ranks higher on health needs indicators than other provinces and territories. Statistics Canada data shows that Nova Scotia has the highest provincial rate of cancer, high blood pressure, respiratory disease mortality, and self-reported asthma prevalence, and the second highest rate of obesity, lung cancer, diabetes and stress. Cape Breton data are even more dramatic, showing residents have the lowest life expectancy of the 54 major health regions in Canada.

A major factor in the present health of Nova Scotia's population has been a slow-growth economy and subsequent lack of economic well being. In addition, Nova Scotia has amongst the highest percentage of seniors in the country, likely due to the large out-migration of working-age individuals. The province has a high rural population, one that also tends to be older than in urban areas. Attracting and retaining physicians and nurses to serve some rural areas is a perennial difficulty.

Given the large variation in health need indicators between Nova Scotia and other provinces, it is easy to understand why health service demand is higher. Moreover, we know that the current burden of illness will increase dramatically unless we focus more efforts in the population health arena. ---- We must dramatically decrease our rates of obesity, tobacco use and lack of physical activity if we hope to manage in the future. You spoke last night, about how a great majority of Type II juvenile diabetes can be prevented - this rapidly increasing affliction is very much life style related.

Mr. Chair, we have adopted a vision for the future. Nova Scotia is moving towards an integrated, community-based health care system based on a population health approach. We understand that every community has its special needs. Individuals and communities must be supported within in a framework that allows them to deal both with their health and the determinants of health. Services beyond the traditional scope of health must be integrated at the community level. To that end, we are committed to bring our health care resources together with those of community services, justice, public housing, sports and recreation and education at the community level. A renewed focus on healthy lifestyles and healthy, vibrant communities is essential if we are to have a sustainable health care system.

For the Department of Health, the equation for sustainability has several components. Two important factors are predictability and of course, affordability. Closely allied is a third factor, accountability. Health human resources including the replenishment of the health care workforce is a fourth factor. Underpinning these factors is information. Good decisions flow from good information. Evidence, not anecdote is our position. Lastly, innovation must be included in the equation. Without innovation, the problem is insoluble.

I will now speak of some of the activities we are undertaking to help our system become more sustainable.

We recognized early that insufficient money had been invested in the management of our most strategic resource, information.

We have undertaken several initiatives that will help ensure that we have better information so we can make more effective decisions regarding the operation of our healthcare system. More importantly, these initiatives will ultimately enable our front line care providers to provide more effective care to their patients.

- We have completed an acute care services review. As a result, we now have developed a sophisticated process to determine bed utilization efficiencies across the province.

- In 2001, we released our clinical services report, Making Better Health Care Decisions for Nova Scotia. Using the criteria of sustainability, quality, access and affordability, the report classifies the province's hospitals into district, tertiary and community, taking into account service demands of the population served and the complexity of the care provided. The report addresses issues of rural/urban sustainability and it will be integral to acute care planning in Nova Scotia over the next several years.

- Two companion reports are in progress: One is centered on continuing care, long term residential care, home care, which includes both home nursing and in-home support services. The other is focused on Primary and Emergency Care including Alternate Level of Care facilities or ALC's.

- Health Infostructure Atlantic (HIA) led by Nova Scotia, is developing a common information management structure to support health care across the Atlantic Region. HIA is implementing components of a common electronic health record

including a common client registry, information systems to support case management of home care clients, and tele-radiolgy (digital storage and transmission of X-rays across Atlantic Canada). We are now in the process of considering priorities for future collaboration, for example, a regional pharmacy information system. I want to mention that the federal government support was critical in enabling this imitative to go forward.

- Our largest commitment is the creation of a single, integrated hospital information system that will form the cornerstone of a person-centered electronic health record for all Nova Scotians. Simply put this system will dramatically impact on all aspects of our health care system. Up-to-date information will be available instantly for the patient and the care provider. Lab tests, x-rays will be transmitted digitally. Doctors and other health care team members will be able to access needed information in a much more timely manner. This project is the first ever to be undertaken on a province wide basis in Canada. System introduction will begin in the fall of this year. We anticipate the early addition of information from the continuing care sector and anticipate a provincial pharmaceuticals system in a similar timeframe.

- The Department has instituted a standard financial system for all District health Authorities. Regular monthly and quarterly reporting linked with MIS information is an important, new tool helping us better manage our health care system.

- The Department has been working diligently to integrate multiple data sources including CIHI data, StatsCan data, and provincial information in order to understand the burden of illness in Nova Scotia, the need for services, and to plan for the future.

- As I mentioned earlier in my remarks, Nova Scotia is developing a funding methodology, with the participation of stakeholders, which will reflect the health needs of our population. We believe that burden of illness, age distribution, population, socio-economic status, and geography are among the items that must be incorporated in a formula. We urge the same approach be used by the Federal Government.

Many health care advocates, politicians and others demand that we be held accountable for decisions we make in our health care systems. I support the principle of accountability. However, accountability will not be achieved without

good information. Success requires an accountability framework that defines the goals or standards, and provides the tools to meet those goals.

Having said that let me clear where our government stands on the issue of being accountable. Last night in your remarks to the Truro and Area Chamber of Commerce you stated "...Canadians want greater accountability and transparency throughout the health care system. They want to know how much money is being spent by all levels of government, on what, and with what results"

We are in complete agreement with your statement.

We have restructured our system into District Health Authorities with a growing accountability to community and to government for the provision of health care services in a defined geographic area. Currently, we are devolving further control of the continuum of services. This year, home care will be turned over to DHA's and access to LTC beds will be given to DHA's as the Single Entry Access program is introduced across the province. Service delivery standards that will be regularly evaluated by the Department are a component of the devolution. On the physician service side, the Department is partnered with the Medical Society of Nova Scotia in the ongoing development of alternate funding plans for physicians. These plans bring a broader definition of service to the care process, and should support the development of new care teams and a greater focus on population health.

We are concerned about health human resources, not just in Nova Scotia but in Atlantic Canada. In our written submission, we outlined some of our initiatives in the area of health human resources management such as our nursing strategy, physician recruitment program components and the progress we are making to our overall understanding of the health human resource problem. I will not say much more now, rather if you wish, Dr. Ward might speak briefly in our question time on this national problem.

Earlier I spoke about innovation and like every province and territory we have some great examples.

- Academic Detailing –We have a program where Ph.D. pharmacologists visit physicians in their offices and review the use of specific groups of medications. Our initial plan was for half-hour visits, but we found most lasted over an hour.

- Brier Island paramedic/nurse practitioner model – Two beautiful islands in the western part of the Province – Long and Brier Islands have no doctor, no nurse, but do have an ambulance. We enhanced the role of the paramedics to include flu vaccination. Now we are preparing to link the services of a nurse practitioner with the paramedics. It is a situation similar to many Canadian communities – a trained professional available 24 hours per day, but restricted because of rules or lack of formal training. If they are already in those communities, why not expand their scope of practice – that's what innovation is about, moving outside the boundaries of tradition.

- The province has invested in one of the finest ambulance systems in the world. We have recently completed an external review of the services. The review looked at a of number factors including service standards, and as a result, new patterns of deployment are being instituted. These changes, based on evidence, reflect the changing needs of our population and our willingness to be accountable for the program.

As I stated earlier, innovation means stepping outside traditional boundaries. In Atlantic Canada, we recognize that we have limited resources and we are now working as partners in many areas. With our Atlantic colleagues, we have embarked on several, new innovative projects.

- I have described our leadership in Health Infostructure Atlantic. It was our first important step together, and we have reaped great benefits by working together.

- Nova Scotia is leading the new Atlantic Drug review process. This new program reviews all new requests for the inclusion of medications in provincial pharmaceutical plans. A more detailed description is contained in our submission. We believe it is a model that could be used nationally, and fits with the recommendations from the January 2002 Premiers' meeting.

- We have recently signed an MOU that will see the four provinces working together to identify opportunities in primary care reform.

- The four provinces with Health Canada are planning a regional "wellness" program. This program will link with other health promotion and lifestyle initiatives underway in Nova Scotia. Nova Scotian initiatives include our new anti-smoking campaign, a new fitness strategy directed at children and youth, and early childhood development. Again, more detail is in our submission.

- Lastly, our Departments of Health and Education are meeting to discuss health human resources. There is an agreement to develop an Atlantic Canada database of care providers along with an inventory of training programs. We expect that a pan-Atlantic approach to training will be a next step. We understand that we do not need, nor can we afford to duplicate training programs simply for convenience.

Earlier when I spoke about the equation for sustainability, the one factor I did not speak about was affordability. Increased federal funding should be linked to an enlarged definition of coverage or comprehensiveness.

We have also recommended in our submission the development of new, innovative funds to improve the necessary infrastructure for research and health professional education.

I began by talking about our vision for the future. Sometimes it is a hard thing to articulate in a system as complex as health. Let me do it this way. In the next few years, I see an integrated primary health care system, with the major components of acute care, home care, long term care, mental health, addiction services, and population health devolved to our District Health Authorities. We will continue to enhance the support and infrastructure needed to insure evidence-based decision-making. Our framework will improve accountability, standardization of services and the allocation of resources based on health needs. We will be focused on helping our citizens to become healthy.

In closing, over the last two and half plus years I have greatly increased what was already a healthy respect for those individuals who are involved in the operation and delivery of quality health care throughout our province. I know that in my many encounters with stakeholders around the province they have indicated that more than anything else, stability must be brought into our system. It is a desire shared by all Canadians.

In Nova Scotia, we are on the road to providing that stability. It will be a challenging journey, and we need the federal government at the table as an involved partner to ensure the continued delivery of quality, sustainable health care in our province.

Let me summarize our key points:

1. The Canada Health Act as it presently stands covers only Hospital and Physician Services. Areas such as Long Term Care, Home Care including Palliative Care, Pharmacare, Mental Health, Population Health and Air and Ground Ambulance Services are not covered. They must be covered to ensure our ability to continue to provide quality, sustainable health care to our citizens

2. We believe in the development of a fair funding arrangement that takes into account the actual health needs of our citizens. We already are in the process of developing such a formula for use in our own province. Such a formula will help ensure the fair and equitable allocation of existing health resources while pinpointing where we need to concentrate our major population health initiatives.

3. I mentioned earlier our recognition that your major task is to redefine the health care partnership between governments regarding the delivery of quality health care in Canada. We are committed to working with the Federal Government and our Provincial and Territorial colleagues to make such a partnership work.
Let me be clear on this point. We are not looking for a blank cheque from the Federal Government. We understand that Nova Scotians, indeed Canadians hold us both accountable to ensure the continued provision of quality health care.

I want to compliment your Commission for the way you have raised the bar concerning health care discussions around the country. We wish you every success with your final report. It should be a report that will chart the future of health care in this country for years to come.

Thank you.